Futures Project
Answers to Questions from the City of Burlington
August 16, 2006

These are responses to questions posed by the City of Burlington about the Futures project. As used in this document, the terms "we" or "our" refer only to the State of Vermont. The questions are first repeated in bold and the State's answers follow.

Questions Regarding Governance

1. **Will facility be a "State" or a private FAHC facility?**

The Futures concept calls for the new inpatient program to be operated by Fletcher Allen Health Care under their license. This arrangement could offer the advantages of full programmatic integration with the Fletcher Allen inpatient service. It also could secure ongoing federal financial participation (Medicaid funds) to assist with the cost of operating the program. The structure of the arrangement is still the subject of preliminary discussions with Fletcher Allen and no definitive agreement has been developed or reached.

2. **Is FAHC in a position to financially partner with the State?**

Fletcher Allen cannot assume financial risk for the operations of this program. The State of Vermont clearly has the responsibility for ensuring services are provided to residents with severe mental illness and is committed to fully funding this service.

3. **How will we know that the State has a long term commitment to funding such a facility?**

The State of Vermont currently has that responsibility and has made that commitment. The State will enter into a long-term agreement with Fletcher Allen Health Care and the other inpatient partners such as Rutland Regional Medical Center and the Brattleboro Retreat to support the costs of this program.

4. **Who will be the responsible party for questions and accountability with regard to the operation of the new facility (State or FAHC)?**

As envisioned by the State and the Futures Plan, Fletcher Allen will be responsible for the operations of the new facility, and the State's role will be that of primary payer, regulator and licensor. As stated previously, however, the structure of the arrangement between the State and Fletcher Allen is still the subject of preliminary discussions and no definitive agreement has yet been developed or reached.

5. **What is the timeline for the inpatient facility process, including decision–making flow chart (milestones)?**

We estimate a six-year time line for the planning, necessary regulatory/approval process and program development and construction of the replacement inpatient facility. There are several key stages for public input. These include:

- the community input processes we have established

- the legislatively mandated advisory committee and associated planning and program development process
- the legislative oversight process including two joint oversight committees and six committees of jurisdiction
- the Certificate of Need (CON) regulatory process; both phase 1 "Conceptual CON" and the phase 2 "Full CON"
- the permitting and zoning process.

6. Will there be an ongoing Community Advisory Panel? What will their role/accountability/authority be, especially with regard to the future of the facility?

In addition to the statewide advisory committee and its seven work groups, two work groups for the greater Burlington area are being formed. The housing, health and human service leaders network group is charged with:

- developing a gap analysis for the current services infrastructure;
- identifying the likely impacts of locating up to 40 new psychiatric inpatient beds at Fletcher Allen on that infrastructure; and
- developing strategies to mitigate this impact.

The Burlington Site Review Group will meet throughout August and September to review and advise on the siting options for new inpatient beds on the Fletcher Allen campus.

As the project progresses, additional work groups and advisory panels will be constituted as necessary.

Questions Regarding Mental Health Delivery System

1. What is the number of beds at the proposed facility on FAHC campus?

We anticipate needing about 50 inpatient beds to replace the current Vermont State Hospital. The State proposes to develop these beds at Fletcher Allen, Rutland Regional Medical Center, and the Brattleboro Retreat. The preponderance of the beds, 32-40 is planned for Fletcher Allen.

2. Who will the patients be at the new facility (mental condition, legal status, etc.)?

A preliminary profile of who we expect to serve at the new program is as follows.

- All people admitted to the program will be determined to need inpatient hospitalization to treat the acute symptoms of mental illness; these will be people who are clinically in need of inpatient care. The program will not provide custodial care.

- As they currently do, residents of Chittenden County will account for the largest proportion of admissions and bed days, more than three times that of any other county.

- Virtually all the admissions will be involuntary – either through the civil process of an Emergency Exam or for a Forensic Evaluation. The civil process is designed to

determine the level of danger to self or others resulting from mental illness. The Forensic Evaluation is designed to determine competence and sanity. In the case of the forensic population, only those individuals who require inpatient care will be served at this program. This is consistent with the patient care that Fletcher Allen currently provides in its medical / surgical programs. For instance, individuals in Corrections' custody who require treatment for acute cardiac conditions are served at Fletcher Allen.

- Most Forensic Evaluations are performed on an outpatient basis or within a correctional facility. Recently, less than 40 percent of the evaluations ordered, roughly 100, were performed at VSH. A recent analysis of the population at VSH on Forensic Evaluation found that:

  - 60% were discharged from VSH within one month
  - Most (80%) were charged with misdemeanors
  - Most (60%) were charged with non-violent crimes
  - Four out of five were men.

Often people assume that individuals admitted for a forensic evaluation may be more violent or dangerous than other patients. We track use of emergency involuntary interventions (emergency medication, restraints, seclusion) which are only used for safety in emergency situations. Interestingly, the VSH patients charged with violent felonies were the least likely group to require emergency interventions in the hospital. Similarly, those admitted for forensic evaluations generally were less likely to receive emergency involuntary interventions than were people admitted on emergency exam status.

- Almost all of the patients will be between the age of 20 and 64 and men will outnumber women.

- Clinically, the most common diagnosis will be schizophrenia. Although not as common as depression, it is still quite common. It is estimated that 1-2 % of the adult population in the United States has schizophrenia. This translates to over 6,000 Vermonters. In its acute phase, schizophrenia is characterized by hallucinations, delusions, disorganized thinking, and disorganized behavior. Patients served at the new Fletcher Allen program will also likely have co-occurring illnesses such as substance abuse, diabetes, and cardio-pulmonary disease.

- Length of stay will vary widely by individual, so there will be a wide range from days to, in some instances, months. The current average length of stay is 68 days.

In general, the patients admitted to the new program at Fletcher Allen will have more varied clinical and administrative needs compared with the patients who are admitted to the current psychiatric inpatient program at Fletcher Allen. Therefore, the new inpatient service needs to be designed clinically, programmatically, and physically to be capable of treating this additional population.

3. Will "Observation" patients, those individuals accused of crimes and ordered to undergo psychiatric evaluation by the District Court, be lodged at the new facility?

Individuals who **need inpatient care** will be **treated** at the new program regardless of their legal status. Others for whom a psychiatric evaluation is ordered who do not need inpatient care *per se* will be evaluated elsewhere.

4. What will the ratio of staff to patient be?

The current VSH program uses an overall staff-to-patient ratio of roughly 1.7 staff to each patient. This includes nursing staff, psychiatric technicians and staff who provide one-to-one support to patients. While the staffing pattern for the new program has not yet been established, it will likely be closer to the existing VSH ratio than that of Fletcher Allen's current psychiatric inpatient program.

5. How many jobs will be created?

Vermont State Hospital currently employs nearly 240 full time staff for a capacity of 54 beds. This includes state employees as well as contract and temporary positions. The new facility will likely have a somewhat smaller staffing complement to reflect the smaller number of beds.

6. How many jobs will be lost?

Vermont is not likely to lose jobs under the proposed Futures Plan. The inpatient program at VSH will be replaced with new programs at Fletcher Allen, Rutland Regional Medical Center, and the Brattleboro Retreat. In addition, new community residential programs are being created. The proposed residential program in Williamstown will employ roughly 35 people and have an annual payroll of over $1.5 million.

7. What portion of the VSH population comes from this part of the State? Can you provide documentation of number of admissions to VSH from Burlington/Chittenden County and other counties?

There are three primary ways to consider geographic utilization of the program at VSH: the number of admissions per year, the number of bed days used per year, and the average daily census. The most recent complete year of data (State Fiscal Year 05) shows the following use from Northern Vermont.

VSH Utilization Fiscal Year 2005

	Admissions	Total Patient Days	Average Daily Census	% of all Patient Days
OVERALL	200	18,951	51.9	100%
Chittenden	61	6,791	18.6	36%
Franklin-Grand Isle	20	946	2.6	5%
Washington	18	1,749	4.8	9%
Lamoille	12	937	2.6	5%
Addison	7	1,153	3.2	6%
Essex, Orleans, Caledonia	20	2,210	6.1	12%
Orange	7	168	.05	1%
Southern VT (Windsor, Windham, Rutland, Bennington)	55	4,997	13.7	26%

Questions Regarding Public Safety

The questions concerning public safety have been answered in terms of the current program at VSH. We recognize, however, that an inpatient psychiatry program operated by Fletcher Allen on its Medical Center Campus in Burlington may require somewhat different security arrangements. While we assume these would be similar to, and an extension of, the security arrangements Fletcher Allen now has in place, those arrangements have not yet been discussed or developed and will require the involvement of Fletcher Allen.

1. As the patients at the new facility will be there "involuntarily," how will the safety of FAHC staff and the public be protected?

Public and staff safety at the current Vermont State Hospital is protected by the following key mechanisms. First, the program is intensively staffed with experienced personnel. The facility is locked. The VSH provides its own security and staff use an immediate notification system to respond to any emergency. Finally, the Vermont State Police respond to service requests.

2. **What is the impact of this on public safety services? Does the State intend to compensate the City for increased services?**

Since January 2005, VSH has requested the Vermont State Police to respond to the facility five (5) times. Two calls involved emergency situations in the facility. Three calls were to follow-up with patients who had left the program without authorization (elopement). One of these elopement calls was from the facility itself and two were from outside the facility (patients are transported off grounds for medical treatment or may have day passes as part of their individual treatment plan). At no time was the safety of the public endangered from these elopements.

In addition, local police statewide are regularly called to return a patient to the hospital who is on a pre-placement visit and not doing well. This happens about once per month and involves the police from that patient's local community.

We will work together with the Burlington Police Department and Burlington Fire Department to identify the impact on local services and to develop an appropriate compensation structure.

3. **Will there be an increase in FAHC Security?**

The current VSH program does not have a separate security force. As described above, (See the response to question #1 in this section.) VSH staff responds to emergency situations using an immediate notification system. Well trained and experienced staff is the best source of security for such a program.

4. **It is our understanding that currently the Vermont State Police covers VSH. What will the State Police role be if the new inpatient facility is located on the FAHC campus?**

The State Police would continue to serve out-of-the-area needs such as returning a patient to the facility. The more rapid response time that the Burlington Police Department can provide, however, would be needed for any emergency in the new facility.

5. **If there are allegations of abuse or neglect, assault, etc. at the facility, will State Police or BPD be responsible for intervening and investigation?**

The State Division of Licensing and Protection, Adult Protective Services unit is responsible for investigating allegations of abuse and neglect at the current Vermont State Hospital and will continue to assume that responsibility in any successor program.

6. **How often can we expect BPD to be called upon to serve process on patients?**

This role is done by Sheriffs under contract with the state. The State will negotiate an augmented contract with the Chittenden County Sherriff. Currently, Sheriffs serve papers on VSH patients once to twice a month.

7. **How often can we expect BPD to be called upon to transport patients to court or other places?**

The Sheriffs provide secure transport of patients to court or other places such as medical appointments. Local police are not used for this purpose. Similar to the above, the State will negotiate an augmented contract with the Chittenden County Sherriff.

8. **How often can we expect BPD to be called upon to assist with altercations or other disturbances at new facility?**

The current Vermont State Hospital uses the Vermont State Police. In the past 18 months, the Vermont State Police have been called five times, twice to assist with an emergency at the facility and the other three times to return a client who had left the program without authorization (elopement) from the community to the hospital.

9. **There is currently a Memorandum of Agreement for the hospital between the City (BPD) and UVM. How will that change, if at all?**

All parties will come together to review and discuss this Memorandum of Agreement for the purpose of making revisions as needed to accommodate this new inpatient program.

10. **What are the VSH policies and procedures for sharing information with local police? Will that change?**

The most common need for local police is to find a patient who was in the community on a pre-placement visit and did not return to the hospital. In those instances the policy is to share whatever information is needed to locate and safely return the individual to the hospital. Typically this includes the person's name, a physical description and information about where they may likely be found.

In addition, VSH reports elopements to both the Vermont State Police and the Waterbury police. In all instances, any information needed for public safety is shared with law enforcement.

11. **How often can we expect BPD to be called upon to pick-up "walk-aways" (escapes)?**

Since January 2005 there have been 4 elopements from VSH. The location where the patient is likely to be found determines which police department is involved.

12. **How will day to day communication with BPD occur, including day passes, discharges, etc.?**

Currently we do not communicate information about day passes or discharges to the local police as these occurrences are not a threat to public safety. In the event of a risk to public safety, information is communicated as needed to safely return the individual to the hospital.

13. Will there be any limitation on BPD officers in uniform being present in the facility?

If called, uniformed police officers are allowed to enter the patient care areas. At the current VSH, however, police are not permitted to bring guns onto the treatment units.

14. How often can we expect BFD to be called upon to provide fire protection and ambulance services?

The Waterbury Ambulance Service, Inc. responded to Vermont State Hospital 22 times in fiscal year 05 (ending June 2005) and 31 times in fiscal year 06 (ending June 1006).

Last year, the Burlington Fire Department responded to the Medical Center Campus about 60 times. No ambulance services would be required for transporting patients of a new inpatient psychiatric program from the psychiatry service to diagnostic, surgical and other medical services if the new program is physically connected to the Fletcher Allen inpatient core.

Questions Regarding Community Impact

1. **What other communities and hospitals were approached or considered for this project before Burlington was selected?**

Each one of Vermont's 14 hospitals was approached for this project. Three of Vermont's hospitals; Fletcher Allen, the Rutland Regional Medical Center, and the Brattleboro Retreat expressed interest and commitment to offering VSH-level psychiatric inpatient services. Vermont's other psychiatric inpatient programs (Central Vermont Hospital and Springfield Hospital) are not large enough to accommodate new beds to replace VSH.

2. **Describe access of patients to community, including social and human services, day pass or privileges, transitional housing, etc. Under what circumstances will such access to community be supervised or unsupervised?**

Access to the community is based on an individual's treatment plan and reflects a clinical decision-making process. The current VSH uses day passes and pre-placement visits to help create a smooth transition from inpatient care to the community. These tools are used when it is clinically indicated and when there is no threat to public safety.

3. **Will patients be discharged with notice, a place to live, programming and other plans?**

By longstanding policy, patients are discharged with housing and aftercare services. This is an important component of good clinical care. In rare circumstances, an individual may be discharged to a homeless shelter with follow-up mental health services. This is never a good outcome, and we work hard to see that it doesn't happen.

4. **Under what circumstances would patients be discharged without notice, a plan or a place to live?**

On very rare occasions the Courts may order a patient discharged without notice.

5. **What numbers and impact on services can we expect with respect to more patients moving to Burlington in light of locating the new facility here?**

In most instances, patients leaving the state hospital or its replacement programs return to their home communities. The discharge planning process is structured to return a patient to the community from which they were admitted.

A local work group made up of the greater Burlington Housing, Health and Human Services leaders has agreed to work with us to determine the likely impact of locating up to 40 new psychiatric inpatient beds with Fletcher Allen on the local services infrastructure.

6. **Does the State intend to compensate the City or non profit organizations for increased impact on services, particularly upon release to the community?**

The state will work with the local non-profit organizations to assess the likely impact and to develop an appropriate response, including funding.

7. **Would location of such a facility in Burlington predispose the City to an increased share of transitional housing for former patients or others given the additional concentration of related mental health services and professionals?**

The State will assess the likely impact with our not-for-profit partners. Given that the preponderance of patients discharged from VSH return to their home communities, it is not clear to what degree locating additional psychiatric beds in Burlington will predispose the city to an increased share of transitional housing demands.

8. **If so, is there adequate affordable housing, particularly transitional housing and community services currently and in the future for our patients?**

The State understands that the current housing and human services infrastructure in Burlington is stretched thin and that new demands may require new resources.

9. **What would be the number and percentage of patients released from the hospital who will be from Chittenden County?**

In the most recent year for which we have complete statistics (SFY 2005) there were 60 patients released from the Vermont State Hospital who were from Chittenden County.

10. **What percentage of those who reside outside of Chittenden County do you estimate will remain in the Burlington area because of our strong social service network (versus the less strong social service network available in other parts of the state)?**

One way to estimate this is to identify the number of out-of-county patients who are discharged to Washington County from the current VSH. The Washington County mental health and human services system also has a very strong social service network. We will assess this working with the greater Burlington Housing, Health and Human Services Network group.

11. **Based on our experience over the past six years, we see many recently released patients from the state hospital in our downtown and on the Marketplace because of our strong social services. What will impact be on downtown?**

Burlington is an attractive community, a place where people want to live. It also has a strong social services infrastructure. Housing, health and human services community leaders with whom we are working are concerned, however, about a gap between demand and existing services. To evaluate this and to develop strategies to mitigate these impacts, we are following up with community leaders and working with them to develop a gap analysis for the current services infrastructure. We also will look further into the experience that Waterbury and its neighboring communities has had with VSH. The goal is to work together with Burlington's social services leaders to develop strategies to mitigate these impacts.

12. **What is the percentage increase in state funding being considered for the Burlington Community Street Outreach Project?**

The Burlington Community Street Outreach Project, known as the Streetworker Program, received a 175% increase from the State for fiscal year 2007 (beginning July 1, 2006), adding $70,000 to the previous fiscal year's appropriation of $40,000 and bringing total state funding to $110,000. Burlington is the only city or town in the state to receive such funding. In addition to this State funding, $142,000 is allocated directly through the Howard Center for Human Services. Also supporting the program is $9,400 in Case Rate dollars allocated to Howard. Overall, the program benefits significantly from a combination of revenue streams, including Global Commitment, the federal Mental Health Block Grant, and local sources such as the United Way.

Questions Regarding Design and Development

1. **How will parking and traffic issues be addressed?**

Parking and traffic issues will be addressed through existing mechanisms, including the Ward 1 Parking and Traffic Task Force. During the course of planning for the new inpatient program, the existing state health lab, located in a building at the corner of East and Colchester Avenues, will be moved to a new facility providing at least some offset to the parking and traffic concerns.

2. **FAHC lot coverage…is there potential to expand?**

The expansion possibilities on the Fletcher Allen campus are limited.

3. **Any plans to request changes to the City - FAHC agreement?**

It is too early to know if changes to the City – FAHC Agreement need to be negotiated.

4. **With regard to traffic and parking, will the VSH be a member of CATMA and thus actively participate in their TDM programs?**

The new inpatient service will be a program of Fletcher Allen Health Care and, as such, a member of CATMA and will actively participate in the TDM programs.

5. **How will the facility, both programmatically, logistically and aesthetically relate to FAHC and UVM?**

The most important clinical advantages to co-location are achieved if the new psychiatric inpatient program is fully integrated with Fletcher Allen. In addition, the best policy option is to integrate Fletcher Allen's existing 28-bed psychiatric inpatient program with the new program. Full integration would include programmatic, logistic, and aesthetic considerations. These planning considerations are still at a very preliminary stage.

6. **Will such a facility share a heating and cooling plant with FAHC or be stand alone?**

From a clinical perspective, the optimal arrangement is for the new program to be physically connected to Fletcher Allen's inpatient core rather than being a stand-alone facility. The new program, where feasible, would draw on the existing heating and cooling plant of Fletcher Allen.

7. **Will such a plant anticipate future development of a district-wide energy system that may provide hot water from McNeil Station?**

This is not known at this time.

8. **Will such a facility be developed as a green building (i.e. LEEDS certification)?**

This is not known at this time.

9. **How will the aesthetics of security be addressed - i.e. fences, barriers, lighting?**

The architectural design work is only in preliminary phase. The primary mission of the new inpatient program is to provide treatment services. Therefore, security needs to be designed in a manner that is safe and consistent with a hospital treatment program.

Miscellaneous Questions

1. **What are the national trends regarding location of inpatient mental health facility, including rural setting or near medical services?**

The National Association of State Mental Health Program Directors reports that 15 states are in the process of replacing or rebuilding their state hospitals. In several states--Maine, Maryland, Massachusetts, New York, Tennessee, and Indiana--wherever possible, the preferred location for new facilities is as close as possible to major medical centers.

2. How does NH fund and operate a Dartmouth mental health facility in Concord?

The New Hampshire State Hospital has a contact for psychiatry and other specialty services similar to the contract between Fletcher Allen and the current VSH. New Hampshire funds their state hospital using state general funds and a type of Medicaid funds called "Disproportionate Share".

Disproportionate Share funds are funds provided to states to distribute to all types of hospitals that serve a disproportionate share of patients who have no health insurance. Each state receives a finite amount of Disproportionate Share dollars. Vermont currently allocates its Disproportionate Share funding among to our community and general hospitals. If Vermont were to use NH's method to fund the state hospital, it would require reallocating existing funds from other hospitals and thereby creating new budget deficits for those institutions.

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